Division of Prevention and Behavioral Health Services (DPBHS)
Strategic Plan for Calendar Year 13-16

Vision: Resilient children and families living in supportive communities.

Mission: To develop and support a family-driven, youth guided, trauma-informed prevention and behavioral health system of care.

Goals	Objectives	How to measure	Lead	Status
Goal One: Strengthen the Division Foundation and Structures to support a Trauma-Informed System of Care	1.1 Implement Medicaid Healthcare Reform and revise current Medicaid reimbursement methodology to meet federal and state guidelines.	• Updated Medicaid State Plan accepted by DMMA and CMS • Revised reimbursement methodology fully implemented (additional measures to be developed once reimbursement methodology is decided upon).	Derbyshire	• The Medicaid State Plan was submitted to DMMA on 9/4/15. As required, the plan was posted for public comment. Once public comments are reviewed and incorporated, as appropriate, the plan will be submitted to CMS. • PBHS is working with Mercer to develop a fee schedule for reimbursement of direct services. In addition, the Division has contracted with the Public Consulting Group to revise the current DSCYF Cost Allocation Plan to include DPBHS administrative claiming. This includes the reimbursement methodology for administrative activities associated with overseeing the delivery of behavioral health services to children and youth.
	1.2 Integrate a comprehensive prevention plan into the Division • Create a data driven, comprehensive and fully integrated prevention plan with strategically identified targets • Fully implement Prevention into the PBH continuum	• A Prevention Plan that integrates current prevention programs managed in the Prevention Unit into overall PBH System is delivered and accepted by Leadership • Track when prevention services are offered to families through our intake • Track when CSM teams refer to prevention	Warner Leusner Frazier	• Prevention Plan developed. Guide to Prevention Services updated with wide distribution and posting on PBH Extranet for staff access. • Referrals to prevention programs occurring. Working on a design to improve collaboration and tracking. • Referrals to prevention programs occurring. Working on a design to improve collaboration and tracking.

	1.3 Clinical Services • Implement full system of care approach throughout CSM • Restructure CSM to meet upcoming population and healthcare system needs and requirements • Manage the care of clients and families through the SOC values and principles	• Train CSM teams in family driven care and other updated approaches that are supportive of system of care (SOC). • CSM is organized in a way that meets the requirements of the updated Medicaid State Plan and passes internal/external audits. • Reflect SOC principles in PBH Policies • Track client/family/worker satisfaction.	Frazier	• Implemented Child & Adolescent Needs and Strengths (CANS) to assist with service planning. • Received training and on-going consultation on ASAM and CASII instruments to assist with service intensity planning. • SOC Grant will provide specialized training for the wrap team(s). • Restructuring authorization and care management activities. • CSM enhancing procedures to increases CSM, family and provider collaboration. • Parent choice letters integrated into CSM work. • SOC Family Engagement consultant is reviewing P&P and marketing/informational material. • Under the CSM-Quality Management Plan, the caregiver and child complete a satisfaction survey as part of the CANS assessment
	1.4 Workforce Development to support a Trauma-Informed System of Care Recruit, retain, and train quality staff • Increase knowledge and skills in trauma identification and response • Strengthen skill of provider community	• Turnover in staff (not counting retirements) • Implement Training plan and track • Track trained providers • Require future contracted providers to include trauma-informed care.	Leadership Team	• A Trauma Informed System has been implemented at the Department level including workshops and other resources available for DSCYF staff. • Training offered in suicide prevention, Motivational Interviewing and relevant EBPs. • SOC Grant will provide funding to assist with training all division staff in the SOC approach.

	1.5 Public communications & outreach plan: • Develop a plan that assures transparency and accountability and supports to access services.	• PBH makes information available	Perales	• PBH website modified to meet DTI common look and feel requirements. New information added including MH and SA service provider listings. • PBH Extranet pages updated, reorganized and expanded.
	1.6 Administration is structured to meet Medicaid/ACA regulations, assures transparency and accountability supports to access services.	• Administrative plan accepted by CMS • Develop or choose health information technology to meet Medicaid/ACA standards • PBH/DSCYF chooses a platform for maintaining electronic health records	Giddens	• Requirements defined for an EHR system for PBHS direct treatment service units. • $3.1M Budget Door Opener submitted for resources required to operate under the proposed SPA. • Budget Initiative submitted to support an EHR system.

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Goal Two: Operate/ provide an Evidence Based service delivery system	2.1 Community based alternatives • Strengthen Family and youth voice • Implement recommendations from the system review to continue strengthening local communities	• Develop youth voice through prevention unit. • Hire casual/seasonal family members in treatment. • Work with the MHA and Family Voices to assure they represent the needs of our target population regarding behavioral health • Family engagement approaches implemented within our services • To be reflected in the comprehensive prevention plan • Implement system review/plan recommendations that relate to prevention.	Warner/ Leusner/ Derbyshire	• Annual Teen Summits are funded by PBHS Prevention Services and coordinated through the Delaware Prevention Coalition. Annually, approximately 500 youth attend the summit. • CY 2016 Intake and CSM hiring three family focused positions. • A Family Coordinator has been hired through the SOC grant to work to increase family and youth involvement. • SOC resources were utilized to offer workshops and a full-day summit on Family Engagement. Future training on SOC and family engagement is planned for CY 2016. • SOC Family Engagement consultant is reviewing Division policy & procedures as well as marketing/informational material.

	2.2 Suicide prevention • Continue efforts through federal grant • Promote awareness	• Reports are shared with leadership • Monitor YRBS and other data measures and analysis. • Participate on statewide Suicide Coalition. • Track number of presentations and number of attendees. • Consider future budget initiatives as federal funds end. • Engage youth, families and professional community • Track number of schools accepting PBH invitation to give presentations on suicide	Doppelt	• Over the course of the grant, students were trained in 50 schools, 34 of which were middle schools, 3 high schools, 1 elementary school, 6 charter schools and 6 alternative schools. • Teachers were trained in 59 schools, while parents were trained from 42 schools. Seventy-six schools in Delaware had either a student, parent or teacher training on suicide. Grant staff held more than 700 school-based training sessions, the majority of which were middle school trainings. Lifelines curriculum trainings were provided to 21,824 individuals, of whom 15,963 were under 18. Also in these trainings, 1,281 school-based mental health professionals were trained. • The suicide prevention training was provided in all 19 school districts in Delaware which includes training in the three school districts that consist of vocational high schools.
	2.3 Building Bridges Approach • Implement the BBI plans for SLTC and TC • Extend BBI approach to other contracted facilities	• Track progress of plan implementation by site • Decrease LOS for residents in State and Contracted facilities • Increase in family interactions in the community and the home	Olson Giddens	• Building Bridges Approach implemented at SLTC and TCC. New behavior support program has been designed and implemented in both programs. • Second site survey by consultants revealed 100% improvement in trauma informed, parent guided/child led practices within facility based programs. • BBI requirement was included as a requirement in the RTC-RFP. • Terry Center initiated a monthly family activity night and a monthly morning coffee-training opportunity for parents.

	2.4 Review continuum of services and identify opportunities for enhancement	• Bid residential services • Evaluate respite • Consider therapeutic foster care	Giddens	• Residential Services -RFI released and responses received 10/25/13 to inform RFP. - RFP for Residential Services issued. - RFP Awardees notified of selection - Contracts executed for new Residential services incorporating BBI / SOC Principles and a continuum of Residential Treatment, Residential Transition and Transition Bed services. • RFP recommendations from Janice Lebel will assist in addressing issues.
	2.5 Early Childhood (sustain the effort) • Delaware's B.E.S.T. • Early Learning Challenge - Race 2 Top • ECMHC	• Develop budget initiatives to sustain direct treatment services and critical components past the date of grant. Grant ends 9/29/14. Includes Home-based PCIT, CSMT… • Develop budget initiatives to sustain ECMHCs. ECL-RTT grant ends 12/31/15. • Monitor outcomes and use to promote/ advocate for continuation of service. • Track reauthorization of current funding through DHSS.	Warner	• FY15 Budget Initiative (Young Children's Service Continuation) provided State funding to sustain home-based PCIT service only. • ECMHCs continue to be funded through DHSS block grant funds and federal Race to the Top. A request to sustain the federal grant-funded positions is currently included in DSCYF's budget request for FY 17. • We are seeking to engage a consultant to determine what portions of ECMHC work can be Medicaid reimbursable. • Project LAUNCH (SAMHSA Grant) awarded to PBHS to promote the wellness of young children from birth to 8 years

		• Explore funding opportunities to expand service. • Develop budget initiative to retain/expand service.		
	2.6 Enhance services for Public and Charter School Students • Early Intervention - Strengthen • Middle Schools – strengthen/expand focus	• Identify and implement evidence-based practices • Track number of UCLA's completed. Track number of families entering OP therapy due to the UCLA screening. Track number of families receiving Parent Engagement Activities • Implement budget initiative for middle schools	Doppelt/ Warner	• BHCs use trauma screen, have been trained in suicide prevention techniques. • Currently tracking number of UCLA's completed. Need to develop a home-based model to increase Parent Engagement (not using school-based model) • BHCs are assigned to 33 middle schools throughout the state. During FY 15, 7,629 consultations were conducted by the BHCs.
	2.7 Continue to implement evidence-based practice throughout our system	• Develop an approach to evaluate effectiveness • Provide training	Webb	• Global Assessment for Individual Needs (GAIN): DPBHS continued its evaluation on the use of an online substance abuse assessment by contracted substance abuse providers. During FY 15, the division delivered 3 3-day trainings and 123 consultations to 37 clinicians across the state and certified 14 in the process. Outcomes of the evaluation are pending. • Trauma-Focused Cognitive Behavioral Therapy (TF-CBT): During FY 15, delivered 1 3-day training to 19 clinicians and graduated 15, scheduled a second training in August for 15 clinicians on the use of TF-CBT with 3-6 year olds, maintained a roster of 50+ TF-CBT trained

				clinicians serving an estimated 200+ children around the state, received 80 trauma-specific referrals through its Trauma Coordination Program and engaged more than half of those referred into treatment with a TF-CBT trained community clinician. • Community Outreach, Referral and Early Identification (CORE): DPBHS received a $5 million grant to build a state-wide treatment for youth, ages 16-25, showing signs of early psychosis.
	2.8 Enhance PBH Community-based treatment services continuum	Implementation, utilization, and improved outcomes of new CB services.	Giddens	• RFP released 4/15 • Secretary approval of awardees and plan to proceed with 5 new community-based EBPs and modifications to core existing CB services 6/15. • First admissions to Hi Fidelity Wrap service 7/15 • First admissions to MST and FFT services 11/15

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Goal Three: Enhance access to services through multiple pathways	3.1 Work on transition services and service coordination for transition to age 21	• Work with DHSS & other partners towards policy and budget development	Webb	• PBH is participating on a youth transition workgroup led by Judge Nicholas in Kent County. • Project CORE was awarded to PBHS. This is a SAMHSA grant, in concert with DSAMH, to prevent psychosis in youth and young adults and to assist with the transition from youth BH services to the adult BH system.
	3.2 Work on services and service coordination for children and youth who have developmental disabilities in addition to mental health/substance abuse disorders	• Work with DDDS and other partners towards policy and budget development • Seek opportunities to implement the PIER Model in collaboration with DSAMH	Leadership Team	• Susan Cycyk has met with Jane Gallivan, Director, Division of Developmental Disabilities Services on multiple occasions to discuss deeper collaboration with DDDS. Follow up meeting set for January 2016. • Project CORE was awarded to PBHS. This is a SAMHSA grant allows that provides resources for PBHS, in concert with DSAMH, to implement the PIER Model
	3.3 Increase access to Psychiatric and Advance Practice Nurse Care • Recruit child psychiatrists willing to consult with Primary Care Physicians • Investigate Tele-Health • Participate in Statewide access efforts • Assure capacity for medication evaluation and management services	• Reclassify Division child psychiatry position to a level that offers increased wages (Refers to state employment positions) • Re-bid PBH contracted psychiatric services • Develop a budget projection based on regional fair market value for psychiatric services. • Tele-Health implemented	Margolis	• Reclassification completed. • Re-bid for contracted psychiatric services successfully completed • Revised rates for psychiatric services are in place. • Contracts were finalized with 4 providers to participate in the Primary Care Physician-Psychiatrist Consultation Project pilot program: Two Psychiatrists, one Primary Care site in Kent County, and one primary care site in Sussex County. Following initial implementation of services, La Red has elected to discontinue participating. • Telepsychiatry is available at Stevenson House, People's Place in Milford and at the La Red locations in Seaford and Georgetown.

	3.4 Enhance Intake Process to be consistently System of Care focused, Family-driven, youth-guided and trauma-informed.	• Increase Intake, Crisis and Prevention communication/collaboration as entry points. • Decrease amount of time between first contact and a service decision • Customer satisfaction surveys from clients • Consider provider/worker satisfaction surveys	Leusner	Intake Workgroup recommendations implemented and there are processes in place for continual improvement. Entry points – Central Intake and Crisis to be changed to one unit housing both crisis and central intake. SUD Services are authorized within 48 hours of a completed referral packet being received.
	3.5 Consider opportunities to enhance mobile services • Consider mobile intake	• Equip new intake/trauma connector staff member to conduct mobile intake • Track number of intakes completed in a place other than a PBH intake office	Leusner	• Received permission from SAMHSA to use part of our SOC grant to fund an expansion of our Crisis Services.

	3.6 Prevention as access (if needed) to more intense treatment • Well informed providers and Partners who know how to access services.	• Implement Block Grant recommendations • Train Prevention providers and partners in obtaining outpatient services for their participants (Track the training) • Track source of referrals for outpatient	Warner	• Guide to Prevention Services disseminated to all staff, including presentation at PBH Managers meeting, division-wide email distribution and posting full document on PBH Extranet • Working to implement quarterly Prevention provider training to increase knowledge of available treatment services and how to access • FCTs and BHCs have been trained and updated on current prevention services and referral process.
	3.7 Review Crisis System • As recommended via system review	• Review completed and accepted by Leadership • Recommendations on process • Consider opportunities to work more closely with DSAMH's adult mobile crisis and address transitional age students	Perales/ Doppelt Giddens/ Leusner	• The Child Priority Response Review Committee convened from April 2013 through June 30, 2013. Several stakeholders including Acute Care Team, DGS, DFS, family members, Education and the Courts participated in the discussions. On June 29, 2013, the committee delivered its recommendations. • Received permission from SAMHSA to use part of our SOC grant to fund an expansion of our Crisis Services. • RFP for Crisis Services expected in FY '17.
	3.8 Increase Assessments within natural environment and enhance family engagement	• Increase numbers of assessments completed • Track and report on timeliness • Track and report on family engagement, satisfaction, practical applicability of assessments	Doppelt	• Currently tracking assessment numbers, timeliness and satisfaction surveys. • CAS is meeting demand with reduced staff. Meeting court requirements.

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Goal Four: Continuously improve our effectiveness using family, youth and other stakeholder input, and outcome-driven data, and collaborating with our partners	4.1 Review utilization of all levels of care	• Utilization Review (UR) Chairperson reports to Leadership quarterly	Giddens	New Chairperson assigned to UR Committee. UR is set to report to Division Leadership quarterly.
	4.2 Effectiveness Measures identified • Data collection/analysis	• Quality Management (QM) Committee • QM Chairperson reports to leadership quarterly	Margolis	• QM Committee has been tasked with the development of system-wide quality plan to be presented in March 2016. • QM Committee is set to report to Division Leadership quarterly.
	4.3 Collaborate with key stakeholders	• Increase representation on Advocacy and Advisory Committee (AAC) and work groups	Perales	The structure, focus and membership of the AAC is under review. Recommended changes are due January 2016.
	4.4 Enhance family and youth input	• Track numbers of family and youth participating • Satisfaction surveys	Cycyk/ Derbyshire	• All work units within PBHS are tracking satisfaction surveys.

The PBH Strategic Leadership Team meets twice per month. Team members represent their respective units and input from all staff who work in those units.

Once per month the Strategic Leadership Team discusses operational issues that require decisions and that involve high risk and/or high cost, safety, budget or other issues that require Leadership attention. Once per month the Strategic Leadership Team discusses strategic issues, which are generally longer term and address system performance improvement. The Team reviews progress on the Strategic Plan Quarterly. UR and QM committees report to the Strategic Leadership Team quarterly.